

09/09/11

Lindsey 814-6421

Application #

1750040535

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

**Application for Residential Building and Trades Permit**

Owner's Name Gary & Dee Buttkin Date 1-24-2017

Site Address 79 Ogden Rd - Lillington, N.C. Phone 919-499-3961

Directions to job site from Lillington Old 421 N to Manners - turn left on Spring Hill Ch. Rd. - 2 miles - then left onto Ogden Rd - to "79" Ogden Rd. - on right.

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF 820 Unheated SF 0 Finished Bonus Room? N/A Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

RAFAEL A. COATS DDA Building Contractor's Company Name Telephone 910-308-3132

COATS IMPROVEMENTS Building Contractor's Company Name Telephone \_\_\_\_\_

1357 CREEKVIEW LN - LINDEN, N.C. Address Email Address \_\_\_\_\_

50328 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work REMODEL + ADD LAUNDRY Service Size 200 Amps T-Pole  Yes \_\_\_\_\_ No \_\_\_\_\_

m+t Electrical Contractor, Inc. RM. Electrical Contractor's Company Name Telephone 919-770-3548

778 Buckhorn Rd. Sanford, N.C. 27330 Address Email Address mtelectric@windstream.net

27917-L License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Duct System & New HVAC System

Comfort First Heat & Air Mechanical Contractor's Company Name Telephone 919-872-5014

Johathan Wesley McLeod Address Email Address \_\_\_\_\_

27085 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Residential Plumbing # Baths 1

Edward B. Haire Electric & Plumbing Serv. Plumbing Contractor's Company Name Telephone 910-678-0129

302 Palestine Rd. Linden, N.C. Address Email Address \_\_\_\_\_

18177 License # \_\_\_\_\_

**Insulation Contractor Information**

In house Insulation Contractor's Company Name & Address Telephone 919-308-3132

\*NOTE General Contractor must fill out and sign the second page of this application

I hereby certify that I have the authority to make necessary application that the application is correct and that the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

Gary H. Buffkin  
Signature of Owner/Contractor/Officer(s) of Corporation

1-24-2017  
Date

**Affidavit for Worker's Compensation N C G S 87-14**

The undersigned applicant being the

General Contractor  Owner  Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit

Has three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no more than two (2) employees and no subcontractors

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work

Company or Name \_\_\_\_\_

Sign w/Title

Gary Buffkin

Date

1-24-2017

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
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For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . .	17-50040535	Page	3
Property Address . . . . .	79 OQUINN RD	Date	1/24/17
PARCEL NUMBER . . . . .	13-0529- - -0002- -01-		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999	207	E207	R*ELEC TEMP SERVICE POLE	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	409	M409	R*GAS PIPING	_____	___/___/___
999	405	M405	R*MECHANICAL UNDERGROUND	_____	___/___/___
999	105	B105	R*OPEN FLOOR	_____	___/___/___
999	305	M305	R*PLUMB SEWER CONNECTION	_____	___/___/___
999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
999	115	B115	R*OVERHEAD ELEC, MECH, PLB	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___

Permit type . . . . RESIDENTIAL ELECTRICAL PERMIT

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Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	211	E211	R*ELEC ABOVE CEILING	_____	__/__/__
Permit type . . . . . RESIDENTIAL ELECTRICAL PERMIT					
999	217	E217	R*ELEC RECONNECT	_____	__/__/__
999	205	E205	R*ELEC UNDER SLAB	_____	__/__/__
999	215	E215	R*ELEC. UND. POOL	_____	__/__/__
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
Permit type . . . . . RESIDENTIAL INSULATION PERMIT					
999	185	I185	C*INSULATION INSPECTION	_____	__/__/__
999	129	I129	R*INSULATION INSPECTION	_____	__/__/__
Permit type . . . . . RESIDENTIAL MECHANICAL PERMIT					
999	409	M409	R*GAS PIPING	_____	__/__/__
999	407	M407	R*MECH ABOVE CEILING	_____	__/__/__
999	405	M405	R*MECHANICAL UNDERGROUND	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
Permit type . . . . . RESIDENTIAL PLUMBING PERMIT					
999	305	M305	R*PLUMB SEWER CONNECTION	_____	__/__/__
999	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/__
999	309	P309	R*PLUMB UNDER SLAB	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
999	315	P315	R*PLUMB HW HEATER	_____	__/__/__

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Application type description CP ADD & ALTER RESIDENTIAL  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner	Contractor
-----	-----
BUFFKIN GARY	OWNER
12220 US 421 N	
BROADWAY	NC 27505
(919) 499-3961	

Applicant  
-----  
BUFFKIN GARY  
12220 US 421 N  
BROADWAY NC 27505  
(919) 499-3961

--- Structure Information 000 000 8X10 MUDROOM  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS .00  
SEPTIC - EXISTING? EXISTING  
WATER SUPPLY WELL

Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1175710  
Issue Date . . . . . 1/24/17 Valuation . . . . . 0  
Expiration Date . . . . . 1/24/18

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1175736  
Issue Date . . . . . 1/24/17 Valuation . . . . . 0  
Expiration Date . . . . . 1/24/18

Permit . . . . . RESIDENTIAL INSULATION PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1175744  
Issue Date . . . . . 1/24/17 Valuation . . . . . 0  
Expiration Date . . . . . 1/24/18

Permit . . . . . RESIDENTIAL MECHANICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1175751

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Issue Date . . . . .	1/24/17	Date	1/24/17
Expiration Date . . . . .	1/24/18	Valuation . . . . .	0

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Permit . . . . .	RESIDENTIAL PLUMBING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1175769		
Issue Date . . . . .	1/24/17	Valuation . . . . .	0
Expiration Date . . . . .	1/24/18		

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Special Notes and Comments

T/S: 01/11/2017 08:05 AM DJOHNSON --  
 OLD 421 ABOUT 7 MILES TO SPRING HILL  
 CHURCH RD ON LEFT. BESIDE MINI  
 STORAGE UNITS. TAKE SPRING HILL CHURCH  
 RD ABOUT 1 1/2 MILES TO OQUINN RD ON  
 THE LEFT. TURN ON OQUINN RD AND  
 PROPERTY IS ON THE RIGHT. 79 OQUINN RD  
 T/S: 01/11/2017 08:08 AM DJOHNSON --

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PIN . . . . . 0529-26-1398.000  
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Owner Contractor  
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BUFFKIN GARY OWNER  
12220 US 421 N  
BROADWAY NC 27505  
(919) 499-3961

Applicant  
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BUFFKIN GARY  
12220 US 421 N  
BROADWAY NC 27505  
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--- Structure Information 000 000 8X10 MUDROOM  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS .00  
SEPTIC - EXISTING? EXISTING  
WATER SUPPLY WELL

-----  
Permit . . . . . TEMPORARY ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . 1175785  
Issue Date . . . . . 1/24/17 Valuation . . . . . 0  
Expiration Date . . 1/24/18

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Permit . . . . .	TEMPORARY ELECTRICAL PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1175785		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	207	E207	R*ELEC TEMP SERVICE POLE	_____	___/___/___
999	267	E267	C*ELEC TEMP SERVICE POLE	_____	___/___/___